Application or Docket Number]		
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 SLOGS OF 27 Clark (B)													•	m	
CLAIMS AS FILED - PART I									ڪر EN	ITITY	TXX	OTHER		-0,	
(Column 1) (Column 2)								TYPE			OR	SMALL	ENTITY	Ì	
TOTAL CLAIMS			29					RATE		FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE	385.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			29 minus 20=		• 9			X\$ 9:	-		OR	X\$18=	162		
INDEPENDENT CLAIMS			5 minus 3 =		1			X43=			OR	X86≃	120		
Mi	JLTIPLE DEPE	NDENT CLAIM P					+145:	.]		OR	+290=				
* If the difference in column 1 is less than zero, enter "0" in column 2						column 2		TOTA			OR	TOTAL	1,104		
										OTHER					
		(Column 2) (Column 3)			SMĄ		LL ENTITY		OR	SMALL ENTITY					
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO	BER	PRESENT' EXTRA		RATE	-	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 29	Minus	. 2	9			X\$ 9=			OR	X\$18-			
	Independent	. 5	Minus	***	5			X43=	7		OR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT								+		1				
Hundt								+145=			OR	+290=			
	· W	9-19-	ן יסי) ¹ /			7	ADDIT. FE			OR	ADDIT. FEE			
	1	(Column 1) I CLAIMS		(Colun		(Column 3)	r		- _Y -	4001					
AMENDMENT B		REMAINING AFTER AMENOMENT		PREVIO PAID I	BER	PRESENT EXTRA		RATE	•	ADDI- FEE		RATE	ADDI- TIONAL FEE		
	Total	. 27	Minus	- 2	9	= /		X\$ 9=			ØЯ	X\$18=	. /		
	Independent • 5 Minus			***	5	= /	Ì	X43=	十		OR	X86=	/		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	丁		OR	+280=			
								TOTA	1			70701			
									EL		9	ADDIT, FEE			
	Ņ	(Column 1) CLAIMS		· (Colum		(Column 3)	F					·			
AMENDWENT C		REMAINING AFTER AMENDMENT	·	PREVIO PAID F	USLY	PRESENT EXTRA		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE		
	Total ·	•	Minus	. i		= . ,		X\$ 9=			OR	X\$18=			
	Independent	•	Minus	***		=	ŀ	X43=	十		OR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+						
• 1	f the entry in colu	mn 1 is less than th	e entry in colu	mn 2, write	*O* in col	umn 3.	L	+145=	1		OR OR	+290=			
••	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											TOTAL ADDIT, FEE			
		ber Previously Pak					lou	nd in the a	ppro	opriale box	in cot	umn 1.			